

### Billing and Policy Clinics and Hospitals Bulletin 352

February 2004

#### Contents

Medi-Cal Billing Seminars .....	1
Laboratory Rate Adjustments.....	2
Automatic Reimbursement Rate Updates on the Web .....	2
End Stage Renal Dialysis Correction .....	2
Family PACT: New Dysplasia Codes .....	3
Required Provider Orientation and Update Sessions.....	3

*Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.*



### *Medi-Cal Billing Seminars for 2004!*

#### **Attend!**

the most comprehensive Medi-Cal training! Become an expert biller and receive reimbursement quickly! Reduce Medi-Cal denials! New and experienced billers will learn how to complete claims accurately.

Changes that occurred in 2003 may affect your billing practice. Bring your problems to our door! We'll show you how to resolve outstanding claims in the Claims Assistance Room. If you have problem claims and have not received reimbursement, our regional representatives will personally help you resolve those claims.

#### **Plan!**

to attend a Medi-Cal seminar in 2004! Medi-Cal will host conference-style seminars at a location near you.

#### **Ontario April 8, 2004**

Ontario Convention Center  
2000 Convention Center Way  
Ontario, CA 91764  
(909) 937-3000  
[www.ontariocc.com](http://www.ontariocc.com)

#### **Long Beach May 13, 2004**

Long Beach Convention Center  
300 East Ocean Boulevard  
Long Beach, CA 90802  
(562) 436-3636  
[www.longbeachcc.com](http://www.longbeachcc.com)

### **Inpatient & Outpatient Services**

#### **Basic Biller Classes**

Aid Codes\*, UB-92 Claim Form Completion, Prior Authorization (Inpatient and Outpatient Services), Recipient Eligibility, Timeliness and Claims Follow-Up

#### **Advanced Biller Classes**

Fraud and Abuse Training, Health Insurance Portability and Accountability Act (HIPAA), Medi-Cal Common Denials, Medi-Cal Online, Medicare/Medi-Cal Crossover Claims, Pathology, Share of Cost (SOC)

#### **Specialty Classes**

California Children's Services (CCS) 101, CCS Emergency Services\*, CCS Other Health Coverage (OHC)\*, CCS UB-92 Claim Form Completion, Child Health and Disability Prevention (CHDP) Gateway Program

**\*indicates new class**

*Register for  
Seminars by calling  
1-800-541-5555*

Arrive at 8:30 a.m., obtain a schedule and plan your day! Classes are in a modular format and are usually fifty minutes long. Providers can choose to attend any class they wish. To view a complete 2004 schedule, visit the Provider Relations Organization (PRO) Web site at <http://pro.medi-cal.ca.gov> or call the Telephone Service Center (TSC) at 1-800-541-5555.

If an interpreter for the hearing impaired or a listening device is required, please call EDS at 1-800-541-5555 10 days in advance of the seminar.



## Laboratory Rate Adjustments

Effective for dates of service on or after October 1, 2003, reimbursement rates for laboratory procedure codes were adjusted to a rate not to exceed 80 percent of Medicare's rates in accordance with Assembly Bill 1762 for 2003 State budget reductions. A pricing error has been identified for some of the new reimbursement rates. Previously reimbursed claims for the affected service codes, submitted for dates of service on or after October 30, 2003, will be automatically reprocessed and result in an increased payment.

In addition, the following laboratory codes were submitted "By Report," but are now priced and will no longer need to be submitted with pricing documentation. The maximum reimbursement rates are as follows:

CPT-4 Code	Description	Rate
86294	Immunoassay for tumor antigen, qualitative or semiquantitative	\$ 21.69
87338	Helicobacter pylori, stool	15.90
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	22.40
88143	...with manual screening and rescreening under physician supervision	19.60
88356	Morphometric analysis; nerve	260.38

Affected claims will be automatically reprocessed at the correct rates.

*The updated rates are reflected on manual replacement pages rates max lab 1, 2, 4, 5, 7 and 8 (Part 2).*

[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

## Reimbursement Rates Automatically Updated on the Web

Rate information available on the Medi-Cal Web site is now automatically updated monthly. Current rate information is available at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov) by clicking "Medi-Cal Rates".

## End Stage Renal Dialysis: Prior Authorization Correction

The correct effective dates for the following End Stage Renal Dialysis (ESRD) HCPCS treatment codes no longer requiring prior authorization are for dates of service on or after January 1, 2004:

Z6000	Z6010	Z6020	Z6036
Z6002	Z6012	Z6022	Z6038
Z6004	Z6014	Z6030	Z6040
Z6006	Z6016	Z6032	Z6042
Z6008	Z6018	Z6034	

Any claims filed without a *Treatment Authorization Request* (TAR) and denied between January 1, 2004 and February 1, 2004 will be reprocessed automatically. Claims denied outside these dates of service will need timely corrective action by the provider.

This information is reflected on provider manual page dial end 2 (Part 2).





## Dysplasia: Concurrent Diagnosis and Service Codes Added

Effective for dates of service on or after March 1, 2004, ICD-9 code 233.1 (carcinoma in situ of breast and genitourinary system; cervix uteri) has been added as a Family PACT (Planning, Access, Care and Treatment) Program benefit. This new concurrent core code may be used in conjunction with a primary diagnosis “S” code and with the appropriate CPT-4 code(s) while following specific billing conditions when treating dysplasia. ICD-9 code 233.1 can be billed in conjunction with all primary diagnosis codes except S601 – S602 and S801 – S802 and all complications codes except S8013 – S8033. This service applies to female recipients only.

The following dysplasia services have been added to the Family PACT Program. These CPT-4 codes may be billed with ICD-9 diagnosis codes 233.1 and 622.1 in conjunction with the appropriate primary diagnosis “S” code:

### CPT-4

<u>Code</u>	<u>Description</u>
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
57456	...with endocervical curettage
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)

CPT-4 code 58100 must be billed “By Report” with a cervical cytology laboratory report attached to the claim indicating the following:

- Abnormal bleeding
- Atypical glandular cells (AGC), 36 through 55 years of age, or
- Atypical endometrial cells

Claims submitted without this documentation will be denied.

The revised *Family PACT Policies, Procedures and Billing Instructions* (PPBI) manual will be issued in a future *Updated Information*. For more information regarding Family PACT, call the Telephone Service Center (TSC) at 1-800-541-5555.



## Required Provider Orientation and Update Sessions

Medi-Cal providers seeking enrollment in the Family PACT (Planning, Access, Care and Treatment) Program are required to attend a Provider Orientation and Update Session. Dates through June 2004 are listed below.

Group providers wishing to enroll must send a physician-owner to the session. Clinics wishing to enroll must send the medical director or clinician responsible for oversight of medical services rendered in connection with the Medi-Cal provider number.

Office staff members, such as clinic managers and receptionists, are encouraged to attend but are not eligible to receive a *Certificate of Attendance*. Currently enrolled clinicians and staff are encouraged to attend to remain current with program policies and services. Medi-Cal laboratory and pharmacy providers are automatically eligible to participate in the Family PACT Program without attending an orientation session.

The session covers Family PACT provider enrollment and responsibilities, client eligibility and enrollment, special scope of client services and benefits, provider resources and client education materials. This is not a billing seminar.

Please see **Provider Orientation**, page 4



**Provider Orientation** (*continued*)**Dates and Locations**

The following dates and locations are scheduled through June 2004:

**February 24, 2004****Anaheim**

Radisson Hotel Maingate  
1850 South Harbor Boulevard  
Anaheim, CA 92802

**For directions, call**

(714) 750-2801

**March 9, 2004****Merced**

Ramada Inn  
2000 East Childs Avenue  
Merced, CA 95340

**For directions, call**

(209) 723-3121

**March 24, 2004****Bakersfield**

Double Tree Hotel  
3100 Camino Del Rio Court  
Bakersfield, CA 93308

**For directions, call**

(661) 323-7111

**April 21, 2004****Stockton**

Courtyard by Marriott  
3252 West March Lane  
Stockton, CA 95219

**For directions, call**

(209) 472-9700

**May 11, 2004****San Bernardino**

Hilton San Bernardino  
285 East Hospitality Lane  
San Bernardino, CA 92408

**For directions, call**

(909) 889-0133

**June 9, 2004****Hanford**

The Irwin Street Inn  
522 North Irwin Street  
Hanford, CA 93230

**For directions, call**

(559) 583-8000

**Registration**

Call the Center for Health Training at (510) 835-3795, ext. 113, to register for any session listed in this article. Be prepared to supply the following information:

- Name of the Medi-Cal provider or facility
- Medi-Cal provider number
- Contact telephone number
- Anticipated number of people attending
- Location of the orientation session

**Check-In**

Check-in begins at 8 a.m. All orientation sessions start promptly at 8:30 a.m. and end by 4:30 p.m.

At the session, providers must present their:

- Medi-Cal provider number
- Medical license number
- Photo identification

**Note:** Individuals representing a clinic or physician group should use the clinic or group Medi-Cal provider number, not the individual provider number or license number.

*Please see **Provider Orientation**, page 5*



**Provider Orientation** (*continued*)

**Completion Certificate**

Upon completion of the orientation session, each prospective new Family PACT medical provider will be mailed a *Certificate of Attendance*. Providers should include the original copy of the *Certificate of Attendance* when submitting the Family PACT application and agreement forms (available at the session) to Provider Enrollment Services.

Providers arriving late or leaving early will not be mailed a *Certificate of Attendance*. Currently enrolled Family PACT providers will not receive a certificate.

**Contact Information**

For more information regarding the Family PACT Program, please call the Telephone Service Center (TSC) at 1-800-541-5555 between 8 a.m. and 5 p.m., Monday through Friday, except holidays, or visit the Family PACT Web site at [www.familypact.org](http://www.familypact.org).

The Family PACT Program was established in January 1997 to expand access to comprehensive family planning services for low-income California residents.



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## Instructions for Manual Replacement Pages

### Clinics and Hospitals (CAH) Bulletin 352

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February 2004

#### *Part 2*

Remove and replace: Contents iii/iv \*

Remove: chemo 9 thru 24  
Insert: chemo 9 thru 26 \* (*new*)

Remove and replace: radi 5 thru 7 \*  
rates max lab 1 thru 8  
tar field 1/2 \*

\* Pages updated/corrected due to ongoing provider manual revisions.